

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71534	03-30-99
O.I.P.E. CLASSIFIER		8	4-1-99
FORMALITY REVIEW	CM	71632	4-8-99
		71632	6/16/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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